



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

NOV 8 1 2024

City of Saint Paul - DSI

OKAY TO ENTER RECEIVED

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1.	ClassN(Health&SportsClub)	405.00
2.		
3.		
4.		
5.		
6.		
7.		

Total: \$ 405.00

Business Information

Business Address: 2327 Wycliff St St. Paul MN 55105
Street City State Zip

Company Name: St. Paul Pilates & Fitness **Doing Business As:** _____

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 12/19/2022 **Date of Anticipated Opening:** 01/01/2023

Mailing Address: 2153 St. Clair Ave St. Paul MN 55105
Street City State Zip

Business Phone #: (507) 363-1053 **Email Address:** [REDACTED]

Applicant Information

Applicant Name: Laura Ann Lavender
First Middle Last

Title: Owner **Date of Birth:** [REDACTED]

Drivers License: [REDACTED]

Home Address: [REDACTED]

Cell Phone #: [REDACTED]

Supplemental Required Information

Are you going to operate this business personally? Yes: No:

If no, who will operate it?

Operator Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____ Email Address: _____

Are you going to have a manager or assistant in this business? Yes: No:

If manager is not the same as the operator, please complete the following information:

Manager Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____ Email Address: _____

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Travis _____ Nietert _____
First Middle Last

Title: Owner _____ Email: _____

Home Address: _____

Date of Birth: _____

Officer Name: Ericca _____ Richter-Maas _____
First Middle Last

Title: Owner _____ Email: _____

Home Address: _____

Date of Birth: _____

Officer Name: _____
First Middle Last

Title: _____ Email: _____

Home Address: _____
Street City State Zip

Date of Birth: _____ Phone #: _____

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.



Title Date